



## APPLICATION FOR CITY RETAILER'S LICENSE TO SELL TOBACCO PRODUCTS

The undersigned hereby files an application for the issuance of a city retailer's license for the sale of alcoholic liquor for the term ending April 30, 20\_\_\_\_, and hereby certifies to the following facts:

### 1. Applicant Information

(a) Applicant's full  
name: \_\_\_\_\_

(b) Date of birth \_\_\_\_\_  
(Month) (Day) (Year)

(c) Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street and number)

(d) Work Address \_\_\_\_\_ Work Telephone \_\_\_\_\_

(e) Place of birth \_\_\_\_\_

(f) Are you a citizen of the United States'? \_\_\_\_\_

If a naturalized citizen, when naturalized? \_\_\_\_\_ Where naturalized? \_\_\_\_\_  
(Month) (Day) (Year) (City and State)

Court in which (or law under which) naturalized \_\_\_\_\_

(g) Last three home addresses, including exact street address, city and zip code:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

(h) Have you ever been convicted of any felony under any Federal or State law? \_\_\_\_\_

If so, give date and state offense \_\_\_\_\_

(i) Have you ever been convicted of gambling, keeping a gambling place, being the keeper of or keeping a house of prostitution; or of solicitation or other crime or misdemeanor opposed to decency and morality?  
\_\_\_\_\_

If so, give dates and state offense \_\_\_\_\_

(j) Have you ever been convicted of a violation of a Federal or State liquor law since February 1, 1934?

\_\_\_\_\_  
If so, give dates and state offense \_\_\_\_\_

(k) Have you ever permitted a bond forfeiture for any of the violations mentioned in (h), (i), or (j)? \_\_\_\_\_

(l) Have you made application for a similar license for a premises other than described in this application?  
\_\_\_\_\_

If so, give date, location of premises and disposition of application  
\_\_\_\_\_

(m) Has any license previously issued to you by State, Federal or local authorities been revoked?  
\_\_\_\_\_

If so, state reasons therefore and date of revocation  
\_\_\_\_\_

(n) Does applicant currently hold a federal wagering stamp? \_\_\_\_\_ Does the licensed premises currently hold a federal wagering stamp? \_\_\_\_\_

(o) Is applicant a permanent resident of the City of Rockford? \_\_\_\_\_

(p) Is applicant disqualified from receiving a tobacco license by reason of any matter or item contained in the laws of the state of Illinois, this chapter, or any other code or ordinance of the City of Rockford? \_\_\_\_\_

## 2. Business Information

(a) Name under which business is to be conducted  
\_\_\_\_\_

(b) Location of place of business for which license is sought:  
\_\_\_\_\_

\_\_\_\_\_  
(Exact address by street and number) Telephone No. \_\_\_\_\_

(c) The character of the business \_\_\_\_\_  
(i.e. tavern, restaurant, grocery store, gas station, night club, etc.)

(d) Does the applicant beneficially own or have a contract to purchase the premises for which this license is sought?  
\_\_\_\_\_

If not, has applicant a lease on such premises covering the full period for which license is sought? If so, please provide:

(i) Name and address of lessor \_\_\_\_\_

(ii) Period covered by lease: From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

(e) Is applicant a licensed food dispenser? \_\_\_\_\_ If so, give number of license \_\_\_\_\_

(f) The length of time the applicant has been in the business of the character described above  
\_\_\_\_\_

(g) Is the premises for which a liquor license is sought comprised of a store or other place of business where the majority of customers are under the age of eighteen (18) years or where the principal business transacted consists of the sale of school books, school supplies, food, lunches, or drinks for such customers?  
\_\_\_\_\_

(h) Will applicant be personally, actively involved in the on premises day-to-day operation of the business to be licensed? \_\_\_\_\_

(i) What is the amount of anticipated tobacco sales as a percentage of gross annual sales of the business?  
\_\_\_\_\_

3. Is the location of applicant's business for which license is sought within 100 feet of the nearest property line of any of the following properties:

School \_\_\_\_\_ Church \_\_\_\_\_ Mental health  
clinic \_\_\_\_\_  
Hospital \_\_\_\_\_ Senior citizen housing \_\_\_\_\_ Child care center \_\_\_\_\_  
Transitional service facility \_\_\_\_\_ Homeless/indigent shelter \_\_\_\_\_ Hospice \_\_\_\_\_  
Community based housing as defined by the City of Rockford Zoning Ordinance \_\_\_\_\_  
Nursing or personal care facilities \_\_\_\_\_ Home for  
veterans, their spouses or children \_\_\_\_\_ Military or naval stations \_\_\_\_\_ Any church  
building used for worship or educational purposes \_\_\_\_\_

4. Is any law enforcing official, mayor, alderman or member of the city council directly or indirectly interested in the business for which license is sought? \_\_\_\_\_

5. Has any manufacturer, importing distributor or distributor directly or indirectly paid or agreed to pay for this license, advanced money or anything else of value, or any credit (other than merchandising credit in the ordinary course of business for a period not to exceed 90 days), or is such person directly or indirectly interested in the ownership, conduct or operation of the place of business? (Interior decorations and signs complying with state law exempted.) \_\_\_\_\_

6. Do you hold any other current business licenses issued by the City of Rockford? \_\_\_\_\_

If so, what type of license do you currently hold and what is the address of the licensed premises?

\_\_\_\_\_  
\_\_\_\_\_  
(type)

\_\_\_\_\_  
\_\_\_\_\_  
(address)

7. Does applicant hold or ever held a tobacco license issued by the state of Illinois to any other political subdivision of Illinois or any other state? \_\_\_\_\_

(i) If yes, please list from which political subdivisions applicant has been issued a tobacco license

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) Has any previous license to applicant or any partnership to which applicant was a party by any state or subdivision thereof, or by the federal government been revoked, suspended, or a fine issued pursuant to violations of any regulations? \_\_\_\_\_ If yes, please list the dates of said revocation, suspension or fines and the reasons therefore.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Does the applicant agree to not violate any of the laws of the State of Illinois or of the United States, or any ordinance of the City of Rockford in the conduct of applicant's place of business? \_\_\_\_\_
9. Has applicant submitted his/her finger prints to the appropriate authorities for purposes of running a complete background check on applicant? \_\_\_\_\_ If yes, when did such submission occur?  
\_\_\_\_\_
10. Illinois Retailers Occupation Tax number currently assigned to the business or individual applicant:  
\_\_\_\_\_
11. Is the business for which a tobacco license is sought or the individual applicant currently delinquent in payments to the Illinois Department of Revenue, City of Rockford or any other governmental entity?  
\_\_\_\_\_
12. What is the existing inventory level for the proposed business?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Will the applicant hire private security licensed by the State of Illinois upon the written request of the liquor commissioner? \_\_\_\_\_

**STATE OF ILLINOIS SS.  
COUNTY OF WINNEBAGO**

I swear (or affirm) that I will not violate any of the ordinances of the City of Rockford or the laws of the State of Illinois or the laws of the United States of America, in the conduct of the place of business described herein and that the statements contained in this application are true and correct to the best of my knowledge and belief.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Signature of Applicant